



OATH/AFFIRMATION of LOCAL HEALTH OFFICER

In taking actions as a Local Health Officer under the authority of 18 VSA Chapters 3 and 11, I do solemnly swear/affirm that I will be true and faithful to the State of Vermont, and that I will not, directly or indirectly, do any act or thing injurious to the Constitution or Government thereof, so help me God (oath)/under the pains and penalties of perjury (affirmation).

I do solemnly swear/affirm that I will faithfully execute the office of Local Health Officer for the municipality named below and therein do equal right and justice to all persons, to the best of my judgement and ability, according to law, so help me God (oath)/under the pains of penalties of perjury (affirmation).

(Signature)

(Name Printed)

Local Health Officer for the Municipality of

State of Vermont)
) SS
County of _____)

Subscribed and sworn/affirmed before me this _____ day of _____ in the year _____.

Notary Public